

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90070 003 ***150.00

DOCUMENT # P04000074542 1. Entity Name FIRST CHOICE MANAGEMENT GROUP, INC.			
Principal Place of Business 6401 CONGRESS AVENUE SUITE 140 BOCA RATON, FL 33487		Mailing Address 6401 CONGRESS AVENUE SUITE 140 BOCA RATON, FL 33487	
2. Principal Place of Business - No P.O. Box # 1200 S. ROGERS CIR		3. Mailing Address 1200 S. ROGERS CIR	
Suite, Apt. #, etc. # 3		Suite, Apt. #, etc. # 3	
City & State BOCA RATON FL		City & State BOCA RATON, FL	
Zip 3-34-87		Zip 33487	
Country 		Country 	
4. FEI Number 65-1225370		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LIPPMAN, STEVE 6401 CONGRESS AVE # 140 BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name STEVE LIPPMAN Street Address (P.O. Box Number is Not Acceptable) 1200 S. ROGERS CIRCLE Suite # 3 City BOCA RATON FL Zip Code 33487	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE 4/15/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIPPMAN, STEVE 6401 CONGRESS AVENUE SUITE 140 BOCA RATON, FL 33487	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 1200 S. ROGERS CIRCLE #3 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LIPPMAN, KAREN 6401 CONGRESS AVENUE SUITE 140 BOCA RATON, FL 33487	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 1200 S. ROGERS CIRCLE #3 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		Date 4/15/08 Daytime Phone # 561-999-9701	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			